

ROCKFORD YOUTH POLICE ACADEMY



DATE: July 6th – 10th, 2015 (Monday – Friday)

TIME: 12 p.m. to 8 p.m.

LOCATION: Kennedy Middle School
520 N. Pierpont Ave.
Rockford, Il 61101

AGE: 13 – 17 years old **COST:**
FREE!

FOOD: DINNER AND SNACKS PROVIDED!

QUALIFICATIONS: An interest in learning about law enforcement in the community, an interest in learning how to be an asset to your neighborhood, willingness to learn, a positive attitude, and a desire to have fun!

This Academy is designed to introduce students to the law enforcement community in a variety of fun, interesting, and civic minded ways. “Youth Cadets” will learn from and participate in various demonstrations of law enforcement units, designed to enhance student understanding of the law enforcement role in Public Safety. If you have any questions, please contact **Officer Nathan Kohanyi at (815) 494-2224** or **Officer Sockwell at (779) 537-1058**.



Please keep this page for your records



ROCKFORD YOUTH POLICE ACADEMY



Please print clearly and fully complete the form. When completed, sign and date the form and drop it off at the Rockford Police Department or mail to:

Officer Nathan Kohanyi, Rockford Police Dept., 420 W. State St., Rockford, IL 61101

You will be notified by phone or e-mail upon your acceptance into the program. Class size is limited, so return this application as soon as possible. Thank you!

Name (Last, First, Middle): _____

Parent/Guardian's Name: _____

Address: _____

Telephone: _____ E-mail address: _____

Date of birth/Age: _____ M/F: _____ Shirt size: _____

School: _____ Grade: _____ List any food allergies: _____

ALTERNATE EMERGENCY CONTACT:(Other than parent information listed above):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____ CELL: _____

Do you have any physical disabilities for which we may have to make accommodations?

____ If so, please tell us what accommodations are needed:

Have you ever been arrested for anything other than traffic violations: _____

If so, please explain:

As a requirement for the Youth Police Academy, the police department may perform a criminal history check on all applicants that are initially selected to participate in the program. All records are kept confidential.

I hereby authorize the Rockford Police Department to search the files of the national and local criminal record database for any criminal history record.

Parent's Signature

Student's Signature

Date



Sponsored by the Community Foundation of Northern Illinois and the
Rockford Park District

ROCKFORD YOUTH POLICE ACADEMY

Emergency Authorization For:

Juvenile's name

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above named child if needed. This form may be photocopied for use during the program.

Signature of Parent/Guardian

Date

Waiver of Civil Liability

Youth Police Academy

I hereby waive any and all claims and demands of whatever nature which I have or may hereafter acquire against the City of Rockford, the Youth Police Academy, its officers and agents, as a result of my permission for my child's participation in the Youth Police Academy on the date and time specified: between the hours of 12:00 p.m. and 8 p.m. from July 6th - 10th, 2015. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

Parent/Guardian's Name (Please Print)

Signature

Date Signed

ACADEMY

RULES AND REGULATIONS

1. Each participant must complete an application and have a parent/guardian sign a parental permission authorization. Applications will be reviewed for approval of attendance.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absences from more than two sessions will prevent a participant from graduation.
3. Participants are expected to dress **appropriately**. Academy shirt is to be clean and worn on field trips and for the graduation ceremony. Sagging pants, short shorts, and tank tops/spaghetti strapped tops are **NOT** allowed.
4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocketknives, or any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
5. Participants are to be **polite** and **respectful** of all instructors, police officers, other adults and students during the academy. Raise your hand if you want to speak. Foul language will **not** be tolerated.
6. It is important that class start on time and there are as few disruptions as possible, therefore, any student more than 10 minutes late may be dismissed from attending that session by the instructor (at the option of each individual instructor).

I certify that I understand the requirements of participating in this program.

_____	_____
Student's Signature	Date

_____	_____
Parent's/Guardian's Signature	Date